FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 418739

J.P. STRODE & ASSOCIATES, INC.	
Principal Place of Business	Mailing Address
1 BARRACUDA LANE-OCEAN REEF KEY LARGO FL 33037	1 Barracuda Lane-Ocean Reef Key Largo fl 33037
2. Principal Place of Business	2a. Mailing Address
21	26
Cuita Ant ill oto	Suite Apt. #. etc.

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90013 048 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/12/1973

4. FEI Number

29 30 Personal Property	n Financing \$5.00 May Be
27 City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country R. This corporation ov Personal Property 29 30	n Financing \$5.00 May Be
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29 30 Personal Property	wes the current year Intangible
24 25 29 30	
	ss of New Registered Agent
81 Name	•
BLACK, JAN	
HELMAN, YOUNG, & BLACK 82 Street Address (P.O. Box Number is	Not Acceptable)
1500 SAN REMO AVE STE 245	ROBERT TRANSPORTER
CORAL GABLES FL 33145	為。2. 286年,2. 李統章,2. 222章 2008 · 2018
CURAL GABLES PL 33143	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stater office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I h	ement for the purpose of changing its registered hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bodies of successions of Section 607.0505, Florida Statutes.	
	<u> </u>
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANG	IGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	☐ Change ☐ Addi
NAME STRODE, JAMES P JR	
A DADDAOLIDA I M OCCANDECE	
LEV LADOO EL	<u> </u>
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Time 3	
STROUGH AND OCCAMPET	
STREET ADDRESS TO DATE MOODA DISOCLASSILLE	
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NAME STRODE, INGE	
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CITY-ST-ZIP KEY LARGO FL 34.CITY-ST-ZIP	Change Add
TITLE V	Totaling the Fill Agri
NAME BARNES, KENNETH E 4.2 NAME	•
STREET ADDRESS 1 BARRACUDA LN, OCEAN REE 4.3 STREET ADDRESS	•
CITY-ST-ZIP KEY LARGO, FL 00000 44 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	☐ Change ☐ Add
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CITY-ST-ZIP DELETE 61 TITE	Change Add
62 NAME	_
NAME 6.3 STREET ANDRESS	•
STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I). Floring the same length of the same l	rida Statutes. I further certify that the information

indicated on this annual report or supplemental annual report is true and ac officer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed of on an attachment with an address, with report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE